PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

0731936

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												THAN
(Column 1) (Column 2)								TYPE			SMALL	ENTITY
TOTAL CLAIMS			.)				}	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/ minus 20= */					X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 = *					X43=		OR	. X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				.	+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			column 2		TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II								•		•	OTHER	THAN
		(Column 1)	(Column 2)			(Column 3)	<u>.</u>	SMALL	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total .	. 7	Minus	-0	D	= /		X\$ 9=		OR	X\$18=	. /
AME	Independent	* 3	Minus	PENDENT	<u>3</u>	<u> </u>		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.								+145=		OR	+290=	
									1	OR	TOTAL ADDIT, FEE	
ADDIT. FEE)	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<u> </u>	-		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENUENT	CLAIM	· U	!	+145=		OR	+290=	
							A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	*	Minus	**		= .		X\$ 9=	1	OR	X\$18=	
AME	Independent		Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ا ^ت		
• #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+290= TOTAL	
****	f the "Highest Nun	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS	S SPACE is	less than	3, enter "3."	~	TOTAL DOTT. FEE			DOIT. FEE	